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Complete and send this form, together with applicable fee(s), to: Mail

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06/04/2004

SAND & SEBOLT  
AEGIS TOWER, SUITE 1100  
4940 MUNSON STREET, NW  
CANTON, OH 44718-3615

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kelly M. Schaffert	(Depositor's name)
Kelly M. Schaffert	(Signature)
9/7/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/701,656	11/04/2003	Tammy Elaine Dollar	1423-AK-CONT	7495

TITLE OF INVENTION: REVERSIBLE CUTTER BIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>300</del> 1330 <sup>00</sup>	\$300	<del>\$965</del> \$1630 <sup>00</sup>	09/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HOWELL, DANIEL W	3722	409-182000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Sand + Sebolt  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oldham Saw Company, Inc. West Jefferson, N.C.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature)

(Date)

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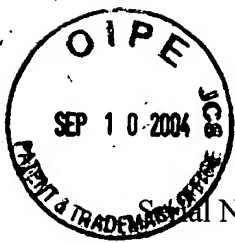
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09/13/2004 WASFAW2 00000042 10701656

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/701,656 Confirmation Number: 7495

Title: REVERSIBLE CUTTER BIT

Attorney Docket Number: 1423-AK-CONT

ISSUE FEE TRANSMITTAL LETTER


Commissioner for Patents  
Mail Stop Issue Fee  
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Alexandria, VA 22313-1450

Dear Sir:

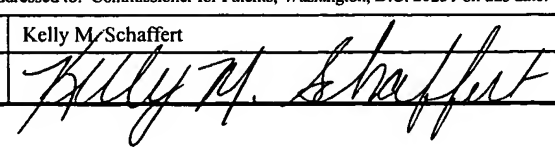
Enclosed are the following:

1. X Issue Fee Transmittal (PTOL-85B).
2. X A check in the amount of \$1,630.00 is enclosed.

9-7-2004  
Date:

  
Joseph A. Sebolt  
Attorney for Applicant(s)  
Reg. No. 35,352

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330-244-1174 telephone  
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
Type or printed	Kelly M. Schaffert		
Signature		Date	<u>9-7-2004</u>